

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

ADDRESS (number and street) 420 W. Pinhook Road  
Suite A  
 Check if different than previously reported. (ACC)  
LAFAYETTE LA 70503

2. **FEC IDENTIFICATION NUMBER** C00382796  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 04 2008 in the State of LA

5. Covering Period 10 16 2008 through 11 24 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Jimmy Gravois

Signature of Treasurer Electronically Filed by Jimmy Gravois Date 12 04 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		2354.97
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	3262.33									
(c) Total Receipts (from Line 19) .....	1456.50	15702.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	4718.83	18057.47								
7. Total Disbursements (from Line 31) .....	2300.00	15638.64								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2418.83	2418.83								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1300.50	12746.50
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	156.00	2956.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1456.50	15702.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1456.50	15702.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1456.50	15702.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1456.50	15702.50

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2300.00	15600.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	38.64
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2300.00	15638.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2300.00	15638.64

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	1456.50	15702.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1456.50	15702.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Beaulieu	Date of Receipt MM / DD / YYYY 10 / 28 / 2008
	Mailing Address 134 Plantation Drive	<b>Transaction ID:</b> SA11AI.5792
	City State Zip Code New Iberia LA 70563	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$20.00 Bi-Weekly)
Name of Employer Louisiana Health Care Group, I	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Beaulieu	Date of Receipt MM / DD / YYYY 11 / 04 / 2008
	Mailing Address 134 Plantation Drive	<b>Transaction ID:</b> SA11AI.5817
	City State Zip Code New Iberia LA 70563	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$20.00 Bi-Weekly)
Name of Employer Louisiana Health Care Group, I	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Beaulieu	Date of Receipt MM / DD / YYYY 11 / 18 / 2008
	Mailing Address 134 Plantation Drive	<b>Transaction ID:</b> SA11AI.5843
	City State Zip Code New Iberia LA 70563	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$20.00 Bi-Weekly)
Name of Employer Louisiana Health Care Group, I	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Angie Begnaud		Date of Receipt
	Mailing Address 645 Bellevue Plantation Road		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lafayette	LA	70503
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5793
Name of Employer LHC Group		Occupation DVP-Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10.00"/>
		<input type="text" value="270.00"/>	Payroll Deduction (\$10.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Angie Begnaud		Date of Receipt
	Mailing Address 645 Bellevue Plantation Road		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lafayette	LA	70503
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5818
Name of Employer LHC Group		Occupation DVP-Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10.00"/>
		<input type="text" value="280.00"/>	Payroll Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Angie Begnaud		Date of Receipt
	Mailing Address 645 Bellevue Plantation Road		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lafayette	LA	70503
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5844
Name of Employer LHC Group		Occupation DVP-Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10.00"/>
		<input type="text" value="290.00"/>	Payroll Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="30.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Pat DeRouen		Date of Receipt
	Mailing Address 1468 Mandy Lane		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Ville Platte	LA	70586
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5796
Name of Employer The LHC Group		Occupation Regional Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	<input type="text" value="10.00"/>
			Payroll Deduction (\$10.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Pat DeRouen		Date of Receipt
	Mailing Address 1468 Mandy Lane		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Ville Platte	LA	70586
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5821
Name of Employer The LHC Group		Occupation Regional Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	<input type="text" value="10.00"/>
			Payroll Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Pat DeRouen		Date of Receipt
	Mailing Address 1468 Mandy Lane		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Ville Platte	LA	70586
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5847
Name of Employer The LHC Group		Occupation Regional Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="290.00"/>	<input type="text" value="10.00"/>
			Payroll Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="30.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Lessley Fontenot		Date of Receipt
	Mailing Address 2303 sandalwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Lafayette	LA	70570
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5797
Name of Employer LHC Group		Occupation Area Sales Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 675.00	Payroll Deduction (\$25.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Lessley Fontenot		Date of Receipt
	Mailing Address 2303 sandalwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Lafayette	LA	70570
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5822
Name of Employer LHC Group		Occupation Area Sales Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 700.00	Payroll Deduction (\$25.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Lessley Fontenot		Date of Receipt
	Mailing Address 2303 sandalwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Lafayette	LA	70570
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5848
Name of Employer LHC Group		Occupation Area Sales Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 725.00	Payroll Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 75.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 19  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

**A.**

Full Name (Last, First, Middle Initial)  
Barbara Goodman

Mailing Address 420 W. Pinhook Road

City State Zip Code  
Lafayette LA 70503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LHC Group Regional Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2008

**Transaction ID:** SA11AI.5799

Amount of Each Receipt this Period 15.00

Payroll Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Barbara Goodman

Mailing Address 420 W. Pinhook Road

City State Zip Code  
Lafayette LA 70503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LHC Group Regional Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2008

**Transaction ID:** SA11AI.5824

Amount of Each Receipt this Period 15.00

Payroll Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Barbara Goodman

Mailing Address 420 W. Pinhook Road

City State Zip Code  
Lafayette LA 70503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LHC Group Regional Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2008

**Transaction ID:** SA11AI.5850

Amount of Each Receipt this Period 15.00

Payroll Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) John Indest	Date of Receipt MM / DD / YYYY 10 / 28 / 2008
	Mailing Address 235 Duperier Ave.	<b>Transaction ID:</b> SA11AI.5801
	City State Zip Code New Iberia LA 70563	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$40.00 Bi-Weekly)
	Name of Employer Occupation The LHC Group VP/COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John Indest	Date of Receipt MM / DD / YYYY 11 / 04 / 2008
	Mailing Address 235 Duperier Ave.	<b>Transaction ID:</b> SA11AI.5825
	City State Zip Code New Iberia LA 70563	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$40.00 Bi-Weekly)
	Name of Employer Occupation The LHC Group VP/COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1120.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John Indest	Date of Receipt MM / DD / YYYY 11 / 15 / 2008
	Mailing Address 235 Duperier Ave.	<b>Transaction ID:</b> SA11AI.5851
	City State Zip Code New Iberia LA 70563	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$40.00 Bi-Weekly)
	Name of Employer Occupation The LHC Group VP/COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Marcus Macip	Date of Receipt MM / DD / YYYY 10 / 28 / 2008
	Mailing Address 469 Meghan Drive	<b>Transaction ID:</b> SA11AI.5802
	City Opelusas State LA Zip Code 70570	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$25.00 Bi-Weekly)
	Name of Employer LHC Group Occupation VP/Chief Admin. Officer/Dir. Of HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Marcus Macip	Date of Receipt MM / DD / YYYY 11 / 04 / 2008
	Mailing Address 469 Meghan Drive	<b>Transaction ID:</b> SA11AI.5826
	City Opelusas State LA Zip Code 70570	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$25.00 Bi-Weekly)
	Name of Employer LHC Group Occupation VP/Chief Admin. Officer/Dir. Of HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Marcus Macip	Date of Receipt MM / DD / YYYY 11 / 18 / 2008
	Mailing Address 469 Meghan Drive	<b>Transaction ID:</b> SA11AI.5852
	City Opelusas State LA Zip Code 70570	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$25.00 Bi-Weekly)
	Name of Employer LHC Group Occupation VP/Chief Admin. Officer/Dir. Of HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Carline MacMillian		Date of Receipt
	Mailing Address 324 Deer Park Trial		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lafayette	LA	70508
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5804
Name of Employer LHC Group		Occupation Director of Hospice	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>	<input type="text" value="25.00"/>
			Payroll Deduction (\$25.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Carline MacMillian		Date of Receipt
	Mailing Address 324 Deer Park Trial		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lafayette	LA	70508
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5827
Name of Employer LHC Group		Occupation Director of Hospice	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	<input type="text" value="25.00"/>
			Payroll Deduction (\$25.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Carline MacMillian		Date of Receipt
	Mailing Address 324 Deer Park Trial		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lafayette	LA	70508
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5853
Name of Employer LHC Group		Occupation Director of Hospice	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="375.00"/>	<input type="text" value="25.00"/>
			Payroll Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard MacMillian		Date of Receipt
	Mailing Address 324 Deer Park Trial		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lafayette	LA	70508
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5803
Name of Employer LHC Group		Occupation Legal Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1250.00"/>	<input type="text" value="50.00"/>
			Payroll Deduction (\$50.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard MacMillian		Date of Receipt
	Mailing Address 324 Deer Park Trial		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lafayette	LA	70508
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5828
Name of Employer LHC Group		Occupation Legal Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1300.00"/>	<input type="text" value="50.00"/>
			Payroll Deduction (\$50.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard MacMillian		Date of Receipt
	Mailing Address 324 Deer Park Trial		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lafayette	LA	70508
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5854
Name of Employer LHC Group		Occupation Legal Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1350.00"/>	<input type="text" value="50.00"/>
			Payroll Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Keith Myers	Date of Receipt MM / DD / YYYY 10 / 28 / 2008
	Mailing Address 211 Morning Mist	<b>Transaction ID:</b> SA11AI.5806
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$40.00 Bi-Weekly)
	Name of Employer Occupation The LHC Group President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3060.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Keith Myers	Date of Receipt MM / DD / YYYY 11 / 04 / 2008
	Mailing Address 211 Morning Mist	<b>Transaction ID:</b> SA11AI.5830
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$40.00 Bi-Weekly)
	Name of Employer Occupation The LHC Group President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3100.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Keith Myers	Date of Receipt MM / DD / YYYY 11 / 18 / 2008
	Mailing Address 211 Morning Mist	<b>Transaction ID:</b> SA11AI.5856
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$40.00 Bi-Weekly)
	Name of Employer Occupation The LHC Group President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3140.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Harold Taylor	Date of Receipt MM / DD / YYYY 10 / 28 / 2008
	Mailing Address 252 Purple Dawn Drive	<b>Transaction ID:</b> SA11AI.5811
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 38.50
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$38.50 Bi-Weekly)
	Name of Employer Occupation La. Home Care Group, Inc. Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1039.50	

<b>B.</b>	Full Name (Last, First, Middle Initial) Harold Taylor	Date of Receipt MM / DD / YYYY 11 / 04 / 2008
	Mailing Address 252 Purple Dawn Drive	<b>Transaction ID:</b> SA11AI.5834
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 38.50
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$38.50 Bi-Weekly)
	Name of Employer Occupation La. Home Care Group, Inc. Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1078.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Harold Taylor	Date of Receipt MM / DD / YYYY 11 / 18 / 2008
	Mailing Address 252 Purple Dawn Drive	<b>Transaction ID:</b> SA11AI.5860
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 38.50
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$38.50 Bi-Weekly)
	Name of Employer Occupation La. Home Care Group, Inc. Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1116.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>115.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 19		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) James Tobey		Date of Receipt
	Mailing Address 465 Leo Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 8 / 2 0 0 8
	City	State	Zip Code
	Shreveport	LA	71105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5812
Name of Employer LHC Group		Occupation Director of Sales and Marketing	Amount of Each Receipt this Period <input type="text"/> 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	Payroll Deduction (\$50.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) James Tobey		Date of Receipt
	Mailing Address 465 Leo Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 4 / 2 0 0 8
	City	State	Zip Code
	Shreveport	LA	71105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5835
Name of Employer LHC Group		Occupation Director of Sales and Marketing	Amount of Each Receipt this Period <input type="text"/> 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 550.00	Payroll Deduction (\$50.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) James Tobey		Date of Receipt
	Mailing Address 465 Leo Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Shreveport	LA	71105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5861
Name of Employer LHC Group		Occupation Director of Sales and Marketing	Amount of Each Receipt this Period <input type="text"/> 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 600.00	Payroll Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 150.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Pam Wigglesworth		Date of Receipt
	Mailing Address RR 2 Box 39F		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Alderson	WY	24910
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer LHC Groups		Occupation State Manager	<b>Transaction ID:</b> SA11AI.5813
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="85.00"/>
		<input type="text" value="765.00"/>	Payroll Deduction (\$85.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Pam Wigglesworth		Date of Receipt
	Mailing Address RR 2 Box 39F		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Alderson	WY	24910
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer LHC Groups		Occupation State Manager	<b>Transaction ID:</b> SA11AI.5836
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="85.00"/>
		<input type="text" value="850.00"/>	Payroll Deduction (\$85.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Pam Wigglesworth		Date of Receipt
	Mailing Address RR 2 Box 39F		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Alderson	WY	24910
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer LHC Groups		Occupation State Manager	<b>Transaction ID:</b> SA11AI.5862
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="85.00"/>
		<input type="text" value="935.00"/>	Payroll Deduction (\$85.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="255.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1300.50"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

CARMOUCHE FOR CONGRESS INC

Transaction ID: SB23.5788

Date of Disbursement

Mailing Address 912 KINGS HIGHWAY

<sup>M</sup> 1	<sup>M</sup> 1	/	<sup>D</sup> 1	<sup>D</sup> 2	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 8
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City SHREVEPORT State LA Zip Code 71104

Amount of Each Disbursement this Period

2300.00
---------

Purpose of Disbursement  
Donation

011
Category/ Type

Candidate Name  
CARMOUCHE FOR CONGRESS INC

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: LA District: 04

Runoff

SUBTOTAL of Disbursements This Page (optional) .....

2300.00
---------

TOTAL This Period (last page this line number only) .....

2300.00
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